

C-1 Program Eligibility

To be eligible to receive Home Community Based Services (HCBS) Autism Waiver services a child must meet all of the following requirements:

- a. Be a Kansas resident
- b. Be eligible for the Kan-Be- Healthy (KBH) Program
- c. Be Medicaid eligible (only the child's income is considered for this waiver)
- d. Upon entrance to the waiver, a child must be between the age of birth (0) through their fifth (5) year of age
- e. Receive a diagnosis of Autism, Asperger's or Persuasive Developmental Disorder- Not Otherwise Specified (PDD-NOS) from a licensed Medical Doctor or Ph.D. Psychologist using a recommended Autism Specific screening tool. The approved diagnostic tools are:
 - CARS - Childhood Autism Rating Scale
 - GARS - Gilliam Autism Rating Scale
 - ADOS - Autism Diagnostic Observation Scale
 - ADI - Autism Diagnostic Interview- Revised
 - ASDS - Asperger Syndrome Diagnostic Scale
 - Other : Autism specific tools as approved by KDADS

(If other, contact the Autism Program Manager)
- f. Meet the functional (level of care) eligibility guidelines established utilizing the Vineland II Survey Interview Adaptive Behavior Scale
- g. Be in need of utilizing two waiver services on a monthly basis.

C-2 Kansas Department for Aging and Disability (KDADS) Goals

- a. Children Thrive
- b. Families and Children Achieve Maximum Self-Sufficiency
- c. Families and Children live in safe, stable and supportive environment
- d. Families and Children are satisfied with services

C-3 Responsibilities of the Parent

- a. It is the responsibility of the parent to contact and notify the KDADS Program Manager, Autism Specialist and MCO care coordinator of an address or phone number change.
- b. Actively participate in the development of the Individualized Behavioral Program/Plan of Care (IBP/POC).
- c. Participate and interact with trained staff in assisting their child to acquire, retain, improve and generalize the self-help, socialization and adaptive skills necessary for the child to reside and function successfully in home and community settings.
- d. Inform providers of any change in the status, good or bad, and when their child goes into the hospital.

- e. Develop a backup plan with the MCO and services providers for the care of the child if a provider fails to show up at their scheduled time.
- f. Inform providers ahead of time when provider services are not needed or to reschedule appointments. The amount of notice to be given will be based on the provider's policy requirements.
- g. In the event a parent would like to change their current Autism Specialist (AS), the parent will notify the MCO either by phone or letter of their desire to change Autism Specialists.

Note: By signing both the Parent Acknowledgment form and the IBP/POC the parent/legal guardian has indicated they choose to participate in the IBP/POC and responsibilities listed above, and on the Parent Acknowledgment form. If the parent/legal guardian chooses not to participate with these responsibilities and expectations they may risk services being terminated.

C-4 Services Not Covered by HCBS/Autism Waiver

- a. Any services delivered when the child is in a hospital or institution.
- b. Services for the convenience of the child, family or caregiver, such as the services of a sitter.
- c. Autism Waiver services do not duplicate other Medicaid State Plan services or services otherwise available to the child at no cost.
- d. Services delivered any time the child does not qualify for Medicaid or does not meet eligibility guidelines.

C-5 How to Apply for HCBS/Autism Waiver Services

Since this is a first come first served waiver there is no crisis funding or exceptions granted for obtaining a position on the HCBS/Autism Waiver. However, a child from another waiver could transfer to the Autism Waiver, providing the child meets all eligibility guidelines.

Steps for Parents;

1. The family will complete the two (2) page Autism preliminary application form. The preliminary application will be available at:
 - a. regional DCF Regional Service Center
 - b. Managed Care Organization (MCO) Care Coordinator
 - c. KVC Health Systems regional offices
 - d. Community Developmental Disability Organizations (CDDOs)
 - e. Community Mental Health Centers (CMHCs)
 - f. Community Service Providers
 - g. Foster Care Contractors
 - h. Families Together
 - i. Keys for Networking;

KDADS, Community Services and Programs' website to download the application:

- i. English: http://www.kdads.ks.gov/docs/default-source/CSP/HCBS/autism/autism_application_EN.pdf?sfvrsn=6
- ii. Español: http://www.kdads.ks.gov/docs/default-source/CSP/HCBS/autism/autism_application_SP.pdf?sfvrsn=12

2. Fully completed applications must be:
 - a. faxed to KDADS/CSP at 785-296-0256 (number located on first page of the application);
 - b. Taken to a local DCF office to be time/date stamped and faxed to CSP; or
 - c. Mailed to: Kansas Department for Aging and Disability Services, attn.: Community Services and Programs, 503 S. Kansas Ave, Topeka, KS 66603.
 3. The Functional Eligibility Specialist (FES) has five (5) working days to contact the family in order to set up a home visit and complete the functional eligibility determination to decide if the child meets the established criteria.
 4. If the child meets the criteria, the FES will assist the family in completing the Medicaid application (if necessary) to ensure that it is completed and processed in a timely manner. If the child is already receiving Medicaid, the FES will notify the MCO and the care coordinator will assist their member with processing the appropriate Medicaid paperwork.
 5. Once Medicaid financial determination has been made by DCF the DCF office will notify the MCO that they chose or have been assigned to.
 6. The MCO care coordinator assigned to the family will have 5 working days to contact the family. The care coordinator will present the family with a list of Autism Specialists. The family may choose from the list or if the family has already been working with an enrolled Medicaid Provider for Autism Services, the family may continue working with that provider if they are credentialed with the appropriate MCO. If the Medicaid enrolled provide is not currently credentialed with the family's MCO, they may begin the process to do so.
- NOTE:* If the family wishes to remain with the current provider, the care coordinator must ensure there is not a gap in service delivery during the time that the provider is awaiting to be credentialed with the MCO. The participant must utilize 2 waiver services each month to maintain program eligibility.
7. The Autism Specialist has five (5) working days to contact the family to set up a time for the development of the Individualized Behavioral Plan/Plan of Care (IBP/POC).

If the child's family is in the process of applying for Medicaid the Autism Specialist may contact the family. However, the criterion reference skill based assessment; IBP/POC and HCBS services will not be completed and/or implemented until Medicaid eligibility has been established and the MCO is notified by DCF [see Kansas Economic and Employment Support Manual (KEESM)] .

Foster Care Contractors:

CSP understands that Foster Care Contractors do not always have available to them the necessary medical information required for different programs. Therefore, if you have a child who comes into custody and has had a diagnosis of Autism but you do not have the documentation necessary to complete the two page application and/or do not have the signature of the License Medical Doctor or Ph.D. Psychologists who made the diagnosis, then Section 2 of the application does not need to be completed at the time the application is submitted. However, you must send a statement on your organization's letterhead stating why documentation is not being submitted. (CSP will enter the child's name into the data base without the required documentation.) Your organization is still responsible for providing the required documentation that the child has a diagnosis of Autism at the time the child is offered a functional determination.

C-6 Functional Criteria (Level of Care) - Initial Vineland II Assessment and Reassessment

All applicants for HCBS/Autism Waiver services who receive a diagnosis of Autism Spectrum Disorder (ASD) who are between the ages of 0 through 5 years of age must undergo a Functional Eligibility [Level of Care (LOC)] assessment prior to beginning waiver services. The Functional Eligibility Specialist (FES) will verify diagnosis prior to completing the Level Of Care (LOC) assessment when:

- The family submitted their application and indicated on the application that an ASD diagnosis was made with the Diagnostic & Statistical Manual of Mental Disorders (DSM) and does not indicate or provide documentation as to which approved autism screening tool was used in conjunction with the DSM diagnosis.
- The application is signed by a Licensed Medical Doctor or Ph.D. Psychologist and there is no indication which approved Autism screening tool was used.

When the Autism Program Manager makes the referral to the FES she/he will indicate at that time if the diagnosis needs to be verified. To verify the diagnosis, the FES will review documentation indicating which autism-specific screening tool was used. If a family has "other" documentation in which a diagnosis of an Autism Spectrum Disorder was determined then the FES will contact the Autism Program Manager.

When additional documentation is required from the family to verify diagnosis the family has ten (10) calendar days from the time they are contacted by the FES to present the requested documentation. The only exception is when a doctor states in writing that thirty (30) days is necessary to complete the necessary forms.

KDADS/CSP utilizes the Vineland II Survey Interview Adaptive Behavior Scale because of its ability to measure the personal and social skills of individuals from birth through adulthood. Since adaptive behavior refers to an individual's typical performance of the day-to-day activities required for personal and social sufficiency, these scales assess what a person actually does, rather than what he or she is able to do. The Vineland II assesses adaptive behavior in four domains: Communication, Daily Living Skills, Socialization and Motor Skills. The following explains how each item is rated:

- 2 (behavior is usually or habitually performed)
- 1 (sometimes or partly performed)
- 0 (never performed).

In addition, there is a code "N" for instances when the child has never had the opportunity to perform the activity and a code "DK" when the caregiver does not know if the child performed the activity. It also provides a composite score that summarizes the individual's performance across all four domains.

A qualified contracted Functional Eligibility Specialist conducts an assessment of a child who is applying for waiver services utilizing the Vineland II. The child must have a total score or a score on any two elements of the Adaptive Areas (Communication, Daily Living skills, Socialization and Motor skills) of two standard deviations below the mean of 100 (i.e., a score of 70 or below) in order to be eligible for the Waiver.

OR

A total score or a score on any two elements of the Adaptive Areas (Communication, Daily Living Skills, Socialization and Motor skills) of one standard deviation below the mean of 100 (score of 71-85). This prompts the assessor to review the scores on the Maladaptive Behaviors (internal, external or total). If the Maladaptive Score on the internal, external or total is clinically significant, a v-scale score of 21-24, the child is eligible for the Waiver.

Note: The Vineland II assessment does not score children below three years of age in the maladaptive area.

Once it has been determined the child meets the functional eligibility guidelines, the FES will:

- Explain what HCBS/Autism Waiver services are.
- Have the family complete and sign the ~~CHOICE FORM, (AW-001)~~ accepting HCBS/Autism Waiver services. Choice Form is completed at the time of assessment and reassessment.
- Assist the family in completing the Medicaid application (if the child does not currently have Medicaid).

Note: *If a child is a KanCare member they must still complete a Medicaid application.*

- Provide parents with information and the Information Disclosure Form (IDF) from the Parent Participant Fee program.
- Provide the family with a list of qualified Autism Specialists so the family can choose an Autism Specialist Provider.
- Obtain release(s) of information (AW-002) from the family.
- Refer child/family to the Autism Specialist of their choice.
- Send a 3160 form to the local DCF Economic and Employment Support (EES) Specialist and copy the Autism Specialist, (if known) notifying them that the child has been determined eligible for HCBS/Autism Waiver program. Section III of the 3160 form, under “comments” is where the FES indicates who the family has chosen for an Autism Specialist (providing an Autism Specialist has accepted the case). The FES will provide the Autism Specialist’s contact information so the EES worker can notify the Autism Specialist when Medicaid approval has been granted.

Note: *For the Autism Waiver the effective date of the waiver is the date of Medicaid eligibility.*

- Send a Notice of Action (NOA) to the child/family informing them the child met the functional eligibility guidelines for the HCBS/Autism Waiver.
- At the time an annual re-determination is completed, send a 3161 form to the EES worker and a NOA to the child/family, Autism Specialist and Program Manager, informing each party of the results of the annual re-determination.

If the child does not meet the functional eligibility guidelines, the FES will:

- Send a NOA to the child/family informing them the child does not meet the eligibility guidelines and copy the Program Manager.
- If appropriate, provide information on other available resources in the geographic area.

- Not evaluate a child more than one time a year for the purpose of determining waiver eligibility unless KDADS/CSP or the Autism Program Manager gives prior approval for another evaluation.

A functional eligibility determination is completed annually for each child receiving HCBS/Autism Waiver services so Community Services and Program (CSP) can guarantee the Centers for Medicare & Medicaid Services (CMS) that the child continues to be eligible for waiver services. HCBS/Autism Waiver services are limited to 3 years unless it is medically necessary to continue services. If the review team finds it is medically necessary for the child to continue receiving waiver services, there is a one time, one year extension only.

The FES will maintain a copy of the Vineland II assessment/re-assessment and Choice Forms in their files and send the originals to the Autism Specialist the family has chosen. All functional determinations (initial or reassessments) are face-to-face in the child/family's environment.

The FES completes a reassessment the month prior to the child's eligibility due date.

Example: Johnny's initial functional eligibility determination was completed on July 6, 2007; therefore his annual determination would have to be completed in the month of June 2008. By having the re-assessment completed the month prior to the due date we can eliminate any interruptions of service due to paperwork not being process in a timely matter.

C- 7 Referral Process

Purpose of this policy is to identify the steps and/or process for a new referral to the HCBS/Autism Waiver once the LOC determination has been completed and participant meets the HCBS/Autism Waiver guidelines.

1. Participant does not have Medicaid at the time the functional determination is completed and participant meets required eligibility guidelines
 - a. KVC – completes the LOC determination utilizing the Vineland II Adaptive Behavior Scale and the participant meets eligibility requirements. KVC will send the Vineland II to the child's MCO (Cc: HCBS/Autism Program Manager; HCBS-KS@kdads.ks.gov).
 - b.

- i. KVC assists parent/legal guardian with Medicaid application and completes participant's check off list; ensure HCBS/Autism Waiver is written on the front of the Medicaid application.
 - ii. KVC gives parent/legal guardian the list of MCO contacts, Medicaid application, contact information and check off list at the time of the initial assessment (The Department for Children and Families will have 45 days to process the application).
 - iii. KVC completes the ES-3160 form and emails it to the regional office for the Department for Children and Families (DCF) Long Term Care (LTC) unit (Cc: HCBS/Autism Program Manager; HCBS-KS@kdads.ks.gov).
 - iv. Once DCF informs the parent/legal guardian that Medicaid eligibility is established, DCF will notify code the child "HC" "AU" and notify the MCO that the family has chosen or are assigned to.
 1. KVC uploads all documentation to the participant's person file in KAMIS.
 2. DCF will notify the MCO that their member has been coded for services via the 834 Report.
 3. Once the participant has been assigned to them, the MCO will contact KVC for the Vineland II.
 4. MCO will contact the family and present the family with a list of Autism Specialists in their area.
 5. Member chooses an Autism Specialist.
 6. KVC sends Notice of Action (NOA) to parent/legal guardian and KDADS.
2. Participant has Medicaid at the time the functional determination is completed and participant meets required eligibility guidelines
 - a. KVC – completes the LOC determination utilizing the Vineland II Adaptive Behavior Scale and the meets eligibility requirements. KVC will send the Vineland II to the child's MCO (Cc: HCBS/Autism Program Manager; HCBS-KS@kdads.ks.gov).
 - i. Assist parent/legal guardian with Medicaid application and provide check off list; mark HCBS/Autism Waiver on the front of the Medicaid application. ***Medicaid application must be submitted to the regional office for the DCF office, not electronically.***
 - ii. KVC completes 3160 and emails completed form to the local DCF LTC unit and MCO (Cc: HCBS/Autism Program Manager; HCBS-KS@kdads.ks.gov).

1. KVC will send the participant's Vinland II and NOA to the family and appropriate contact person at the assigned MCO (Cc: HCBS/Autism Program Manager; HCBS-KS@kdads.ks.gov).
2. KVC uploads the 3160, NOA and Vineland to the participant's person file in KAMIS.
3. Once DCF has coded the child for services, the MCO has 10 days to make contact with the child/family.

Note: If a participant is going to transition from another waiver to the Autism Waiver, they do not need to complete a new Medicaid application and they can bypass the proposed recipient list.

4. If participant does **not** meet the required eligibility guidelines for the HCBS/ Autism Waiver:
 - a. KVC will send the NOA to the parent/legal guardian and (Cc: HCBS/Autism Program Manager; HCBS-KS@kdads.ks.gov). As well as sending the NOA, KVC will provide information on other available resources in the geographic area to the parent/legal guardian.
 - b. If an MCO has already been chosen, KVC will send the NOA to the MCO.
 - c. KVC will send the ES-3161 to the appropriate DCF office (Cc: HCBS/Autism Program Manager; HCBS-KS@kdads.ks.gov).
 - d. If an MCO has already been chosen, KVC will send the ES-3161 to the MCO.
5. KVC will contact the family and family's MCO one month prior to the due date of the annual reassessment.
 - a. KVC completes functional eligibility reassessment and participant meets established eligibility guidelines.
 - i. KVC will complete the ES-3160 form and email to the local DCF LTC unit (Cc: HCBS/Autism Program Manager; HCBS-KS@kdads.ks.gov; MCO).
 - b. KVC will complete the NOA which states the results of the functional reassessment and it to the parent/legal guardian. KVC will send a copy of the NOA to the MCO (Cc: Autism Specialist; HCBS/Autism Program Manager; HCBS-KS@kdads.ks.gov; MCO).
 - c. KVC will send a copy of the Vineland II to the MCO (Cc: Autism Specialist, HCBS/Autism Program Manager; HCBS-KS@kdads.ks.gov).

- d. KVC completes functional eligibility redetermination and participant does not meet established eligibility guidelines.
 - i. KVC will complete the ES-3161 form and email to the local DCF LTC unit (Cc: HCBS/Autism Program Manager; HCBS-KS@kdads.ks.gov; Autism Specialist; MCO).
 - ii. KVC will complete an NOA and send it to the child's family/legal guardian (Cc: HCBS/Autism Program Manager, HCBS-KS@kdads.ks.gov; Autism Specialist; and MCO).

C-8 Extension Request

All requests for the one (1) time 1 year extensions of HCBS/Autism Waiver services must be submitted to the MCO no later than **120 days** before the child meets their service limits. It is the Autism Specialist's (AS) responsibility to request and submit all required documentation necessary for the review team to make a decision. The AS will submit the following documentation to the MCO:

- All Vineland scores and Criterion Reference Skill Assessment summaries
- Current IBP/POC
- Progress reports for the past six (6) months
- Signed Statement of Need (AW-008)
- AS written recommendation for extension

The MCO will review the Extension Request documentation/recommendation. If supporting documentation is missing, the MCO will notify the AS of the missing documentation and collect missing documentation. Once the MCO has reviewed the Extension Request packet they will make a formal written recommendation based on their review and submit the following to the Autism Program Manager no later than **90 days** before the child meets their service limit:

- Extension Request documentation (submitted by the AS)
 - All Vineland scores and Criterion Reference Skill Assessment Summaries
 - Current IBP/POC
 - Progress reports for the past 6 months
 - Signed Statement of Need (AW-008)
 - AS written recommendation
- KDADS-MCO HCBS Referral and Notification Form
- MCO written recommendation for extension review

Example – (how to calculate the deadline for submitting extension request, when a child has met their 3 year service limit);

Johnny was offered an Autism Waiver position on 1/17/2008 and his initial Vineland assessment was completed on 1/21/2008. His request for the fourth year extension would need to be submitted to the Autism Program Manager no later than 9/24/2010.

The Autism Review team consists of:

1. Autism Specialist
2. MCO
3. HCBS/Autism Program Manager

Although written extension recommendations are submitted by both the AS and the MCO, CSP retains the right to make the final decision as to whether an extension will be granted. Therefore it will be the HCBS/Autism Program Manager's responsibility for sending the Notice of Action notifying the family, Autism Specialist, and MCO of the final decision.

Though the AS has submitted an Extension Request within 120 days of the child's final day of service, the AS and MCO should still be discussing the possibility of transitioning to an appropriate program and assisting the child with completing a functional eligibility assessment for the desired program in the event that the child's 1 year extension request is not granted.